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| No. W 165968 | Reinstatement Annual Report Form ADMIN DISSOLVED 07/23/2018 | | 2. Registered Agent and Office (NOT A P.O. BOX) |
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing Address: Correct in this box if needed. SANDPOINT STAYCATIONS, LLC LEONORA PRINCE 60 EAGLE CREST DR PO Box 146 SAGLE ID 83860 Dover ID 83825 | | LEGALCORP SOLUTIONS, LLC 800 W MAIN ST STE 1460 BOISE ID 83702 |
| REINSTATEMENT FEE DUE: \$30.00 | | | 3. <u>New</u> Registered Agent Signature. |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. | | | |
| Manager or Member | Name | Street or PO Address | City State Country Postal Code |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Leonora Prince | 20130x 146 | Dover ID 83825 |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | |
| 5. Organized Under the Laws of: | | 6. | |
| IDAHO W 165968 | | Signature:  | Date: 8-2-18 |
| | | Name (type or print): Leonora Prince | Title: |